



## REQUEST FOR INFORMATION

LAST NAME		FIRST NAME		DATE
STREET ADDRESS		CITY	ST	ZIP
FAX NO.		E-MAIL ADDRESS		Phone No. ( )
Is Request For Your Own Personal Records Or Are You Representing Someone Else?		<input type="radio"/> For My Self		<input type="radio"/> Representing Someone Else
If You Checked Representing Someone Else, Please List Your Relationship With This Individual:				

**NOTE: If you are not requesting you own Individual Records, you must submit proof with this form that you have the legal authority to obtain personal information on the individual's behalf.**

## REQUEST FOR RECORDS RELATED TO AN INDIVIDUAL

Please specify as clearly as possible what records you are seeking. Give details and dates helpful to locate and identify the information you wish to copy or review.

## OTHER INFORMATION? PLEASE DESCRIBE

SIGNATURE OF REQUESTOR

DATE

PLEASE HAVE NOTARY PUBLIC FILL OUT PAGE TWO

Mail this form to:

The Department of Managed Health Care  
Office of Legal Services 980 Ninth Street, Suite 500  
Sacramento, CA 95814

REQUEST FOR INFORMATION ON AN INDIVIDUAL  
PAGE TWO: **NOTARY PUBLIC FORM**

State of California

County of \_\_\_\_\_

On (date) \_\_\_\_\_, before me, \_\_\_\_\_  
Date Name and Title of Officer (e.g. "Jane Doe, Notary Public")

personally appeared \_\_\_\_\_

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

(Place Notary Seal Above)

\_\_\_\_\_  
Signature of Notary Public

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Individual

Corporate Officer – Title(s): \_\_\_\_\_

Partner – Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMBPRINT  
OF SIGNER**

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